## **Walton County Water Department**



**Walton County Board of Commissioners** 

2171 Highway 81 S \*\* P.O. Box 880 Loganville, GA 30052

Phone: 770-466-4887 Fax: 770-466-6129 Email: waterdept@co.walton.ga.us

## **Leak Adjustment Request Form**

In the event a customer receives an abnormally high billing as a result of a loss caused by leak, a one-time courtesy leak adjustment may be granted once a repair is made.

- 1. WCWD Management reserves the right to deny adjustment requests.
- 2. The bill must be over \$100.

**Customer's Request** 

- 3. The leak must be repaired prior to requesting an adjustment.
- 4. Adjustments will be considered for the two highest bills.

1.	Customer Name:	
2.	Service Address:	
3.	Phone Number:	
	Date Leak was repaired:	
5.	Describe location of leak and what had to be repaired:	
6.	Repairs made by: Customer Plumbing Company/Contractor  • If repaired by a plumber, provide a copy of the bill.	
Submittal of a leak adjustment request does not exempt you from payment. Please continue to pay your water bill by the due date. If you are unable to pay your account in full, please contact WCWD, prior to your due date, so that you can discuss a special payment arrangement.		
WCWD Management Review		
Ch	Check for Leak Repaired: Service Order #	

Adjustment Amount: Adjustment Date: